Under the Paperwork Reduct	tion Act o	f 1995, no persons are requi	red to re				RTMENT OF COMMERCE alid OMB control number.	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL				Application Number 10/085,886				
for FY 2006			Fi	ling Date	February 27, 2002			
101 F1 2000				First Named Inventor Dan Kikinis				
Applicant claims small entity status. See 37 CFR 1.27				Confirmation No. 7769				
TOTAL AMOUNT OF PAYME		(\$)1,400.00	Ar	t Unit	2623			
				tomey Docket No.	007287.00017			
METHOD OF PAYMENT (check all that apply)								
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :								
☑ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD. □ Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing								
☐ Credit any overpayments								
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SE				ARCH FEES EXAMINATION		ATION FEES		
		Small Entity		Small Entit	¥	Small Entity		
Application Type	Fee (\$		Fee(\$		Fee(\$)	Fee(\$)	Fees Paid (\$)	
Utility Design	300 200	150 100	500 100	250 50	200 130	100 65		
Plant	200		300	50 150	160	65 80		
Reissue	300		500	250	600	300		
Provisional	200	100	0	0	000	0	-	
2. EXCESS CLAIM FEE		100	U	U	0	Ü	Small Entity	
2. EXCESS CLAIM FEES Fee Description Fee (\$)							Fee (\$)	
Each claim over 20 (including Reissues) 50							25	
Each independent claim over 3 (including Reissues) 200							100	
Multiple dependent claims 360							180	
Total Claims Extra Claims Fee(\$)				Fee Paid (\$)			Dependent Claims	
20 or HP=		x	= '			Fee (\$		
HP ≈ highest number of to	tal claims	paid for, if greater than 20.						
Indep. Claims	Extra	Claims Fee(\$)		Fee Paid (\$)				
3 or HP=	_	х	=	-				
HP = highest number of in	depende	nt claims paid for, if greater th	an 3.					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(d) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							Fee Paid (\$)	
100 = 0 / 50 = (round up to a whole number) x							=	
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): (1) Request for Continued Examination (RCE) \$810.00								
Other (e.g., late filing surcharge): (1) Request for Continued Examination (RCE) (2) Extension Fee for Third Month							\$590.00	
SUBMITTED BY								

Registration No. (Attorney/Agent) 38,538 Telephone 617-720-9600 David D. Lowry Date 10 - Z Z - Z007 Name (Print/Type)

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain e benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by \$3.15 C. 122 and 37 CFR 1.14. This collection is estimated to take 30 instudes to complete, including gathering, prespecting, and submitting the control application from the USPTO. There will vary depending upon the individual case. Any comments on the amount of the pour greater to complete this time reducing this burder, should be sent to the Child inflormation Officer U.S. Patert and Trademants Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VX 2231451450. DO NOT SEND FEES ORCOMERTED FROM STATE THIS ADDRESS, SEND TO: Commence, P.O. Box 1450, Alexandria, VX 2231451450.